

**DECLARATION FOR UTILITY OR****DESIGN****PATENT APPLICATION**

(37 CFR 1.63)

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after  
Initial Filing  
Surcharge (37 CFR  
1.16 (c)) required

**Attorney Docket Number** 53550.40**First Named Inventor****COMPLETE IF KNOWN****Application Number****Filing Date****Group Art Unit****Examiner Name**

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) or the subject matter which is claimed and for which a patent is sought on the invention entered.

**DETECTION OF RYANODINE RECEPTOR ANTIBODIES**

The specification of which

 is attached hereto

OR

was filed on 12/08/2001 as United States Application Number or PCT International Application  
Number PCT/US00/0200 and was amended on (mm/yyyy) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-mentioned specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)(d) or 365(e) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States or America, (list below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Numbers | Country<br>WPO | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  |                          | Certified Copy Attached? |                          |
|--------------------------------------|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                      |                |                                     | YES                      | NO                       | YES                      | NO                       |
| PCT/US00/0200<br>(8992788)           | Norway         | 0 June 2000<br>0 June 1999          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/12B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application<br>numbers are listed on a<br>supplemental priority data sheet<br>PTO/SB/12B attached hereto. |
|-----------------------|--------------------------|---|
|                       |                          |   |
|                       |                          |   |
|                       |                          |   |
|                       |                          |   |

[Page 1 of 2]

**Builder Note Statement:** This form is estimated to take 31 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

**BEST AVAILABLE COPY**

Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. Department of Commerce  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## DECLARATION -- Utility or Design Patent Application

|                               |   |               |               |  |
|-------------------------------|---|---------------|---------------|--|
| Direct all correspondence to: | <input checked="" type="checkbox"/> Customer Number<br>or Bar Code Label            | 27162         | OR            | <input type="checkbox"/> Correspondent address below |
| Name                          | Francis O. Hand, Esq.<br>Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein |               |               |  |
| Address                       | 6 Becker Farm Road  |               | State         | NJ   |
| City                          | Roseland  |               | ZIP           | 07068  |
| Country                       | USA   | Telephone     | (973)994-1700 |  |
|                               | Fax   | (973)994-1744 |               |  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### NAME OF SOLE OR FIRST INVENTOR:

|   |            |                           |       |
|---|------------|---------------------------|-------|
| Given Name<br>(first and middle [if any]) | Gelr Olive | Family Name<br>or Surname | Skeie |
|---|------------|---------------------------|-------|

Date

6/2 '02

Inventor's  
Signature

|                    |       |         |             |
|--------------------|-------|---------|-------------|
| Residence:<br>City | State | Country | Citizenship |
|--------------------|-------|---------|-------------|

Norwegian

Mailing Address

Gariblsgt. 1, N-5035 Bergen, Norway

Mailing Address

State

ZIP

Country

City

|                          |  |
|--------------------------|--|
| NAME OF SECOND INVENTOR: | <input type="checkbox"/> A petition has been filed for this unsigned inventor. |
|--------------------------|--|

|   |           |                           |         |
|---|-----------|---------------------------|---------|
| Given Name<br>(first and middle [if any]) | Francesca | Family Name<br>or Surname | Zorzato |
|---|-----------|---------------------------|---------|

Date

|                         |       |         |             |
|-------------------------|-------|---------|-------------|
| Inventor's<br>Signature | State | Country | Citizenship |
|-------------------------|-------|---------|-------------|

Italian

|                    |         |       |         |
|--------------------|---------|-------|---------|
| Residence:<br>City | Ferrara | State | Country |
|--------------------|---------|-------|---------|

|                 |  |  |  |
|-----------------|--|--|--|
| Mailing Address | Via Victoria, 21, I-44100 Ferrara, Italy |  |  |
|-----------------|--|--|--|

|                 |       |     |         |
|-----------------|-------|-----|---------|
| Mailing Address | State | ZIP | Country |
|-----------------|-------|-----|---------|

Italy

|      |       |     |         |
|------|-------|-----|---------|
| City | State | ZIP | Country |
|------|-------|-----|---------|

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

123972

[Page 2 of 2]

BEST AVAILABLE COPY

Please type a plus sign (+) instead of a checkmark (✓)

Procedure 1 (1000)

Approved for use through 10/31/2002 GUSG 0651-0032  
U.S. Patent and Trademark Office: U.S. Department of Commerce  
Under the Paperwork Reduction Act of 1995, no fees are required to record in a collection of information unless it discloses a valid U.S. patent number.

## DECLARATION -- Utility or Design Patent Application

|   |  |  |   |    |  |
|---|--|--|---|----|--|
| Direct all correspondence to:   |  | <input checked="" type="checkbox"/> Customer Number<br>or Bar Code Label | 27162   | OR | <input type="checkbox"/> Correspondent address below |
| Name  | Francis C. Hand, Esq.<br>Carroll, Byrd, Bain, Shiffen, Carroll, Steven & Olstein |  |   |    |  |
| Address   | 6 Becker Farm Road   |  |   |    | State NJ ZIP 07028                                   |
| CITY  | Roseland   |  |   |    | Fax (973)894-1744                                    |
| Country   | USA  | Telephone (873)894-1700  |   |    |  |
| <p>I hereby declare that a) statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> <p><input type="checkbox"/> A petition has been filed for this unsigned inventor.</p> |  |  |   |    |  |
| NAME OF SOLE OR FIRST INVENTOR:   |  |  | Family Name or Surname Skala  |    |  |
| Given Name (First and middle (if any)) Gbir Oive  |  |  | Date  |    |  |
| Inventor's Signature  |  |  |   |    |  |
| Residence:  | State  | Country Norway   | Citizenship Norwegian   |    |  |
| City Bergen   |  |  |   |    |  |
| Mailing Address   | Gardulsgt. 1, N-5035 Bergen, Norway  |  |   |    |  |
| Mailing Address   | State  | ZIP  | Country   |    |  |
| CITY  | <input type="checkbox"/> A petition has been filed for this unsigned inventor.   |  |   |    |  |
| NAME OF SECOND INVENTOR:  |  |  | Family Name or Surname Zorzato  |    |  |
| Given Name (First and middle (if any)) Francesco  |  |  | Date 05.02.02   |    |  |
| Inventor's Signature  |  |  |   |    |  |
| Residence:  | State  | Country Italy  | Citizenship Italian   |    |  |
| City Ferrara  |  |  |   |    |  |
| Mailing Address   | Via Victoria, 21, I-44100 Ferrara, Italy   |  |   |    |  |
| Mailing Address   | State  | ZIP  | Country   |    |  |
| CITY  |  |  |   |    |  |
| <input type="checkbox"/> Additional inventors are being named on the _____<br>722972  |  |  | Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.<br>[Page 2 of 2] |    |  |

BEST AVAILABLE COPY